

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO. \_\_\_\_\_

FILING DATE \_\_\_\_\_

APPLICANT(S)

09852209

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
9		1				
10	1					
11		1				
12		1				
13		1				
14		1				
15		1				
16		1				
17		1				
18		1				
19	1					
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21		1				
22		1				
23		1				
24		1				
25		1				
26		1				
27		1				
28		1				
29	1					
30		1				
31		1				
32		1				
33		1				
34		1				
35	1					
36	1					
37	1					
38		1				
39	1	1				
40	1					
41	1					
42		1				
43	1					
44		1				
45	1					
46						
47	1					
48	1					
49	1					
50	1					
TOTAL IND.			↓			
TOTAL DEP.			←	←	←	←
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	1					
52		1				
53	1					
54	1					
55	1					
56	1					
57	1					
58		1				
59	1					
60		1				
61						
62						
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94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	24		↓			
TOTAL DEP.	36		←	←	←	←
TOTAL CLAIMS	60					

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS